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APPLICANTS

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** CONTINUING DATA **

This application is a 371 of PCT/US99/03790 02/22/1999
which claims benefit of 60/075,941 02/25/1998
and claims benefit of 60/112,926 12/18/1998

** FOREIGN APPLICATIONS **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 18	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature	Initials	

ADDRESS

000210
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TITLE

Bests macular dystrophy gene

FILING FEE RECEIVED 616	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other
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